

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)USE FEC MAILING LABEL
OR TYPE OR PRINT ▼Example: If typing, type
over the lines

Joe Donnelly For Congress

ADDRESS (number and street)
▼

P.O. Box 1961

☐Check if different
than previously
reported. (ACC)

South Bend

IN

46634

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00393652

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

IN

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☒

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(c) 30-Day **POST**-Election Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2005

through

06

30

2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Pete Mullen

Signature of Treasurer

Electronically Filed by Pete Mullen

Date

10

10

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Joe Donnelly For Congress

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 5

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	87933.87	97083.87
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	87933.87	97083.87
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	15802.87	29939.67
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	15802.87	29939.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	87964.96	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	113400.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name
Joe Donnelly For Congress

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 5

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 5

I. RECEIPTS

COLUMN A
Total This PeriodCOLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

55850.00

60000.00

(ii) Unitemized.....

5701.00

5701.00

(iii) TOTAL of contributions

from individuals..... ▶

61551.00

62101.00

(b) Political Party Committees.....

500.00

500.00

(c) Other Political Committees
(such as PACS).....

16100.00

16100.00

(d) The Candidate.....

9782.87

18382.87

(e) TOTAL CONTRIBUTIONS
(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

87933.87

97083.87

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the
Candidate.....

11000.00

11000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

11000.00

11000.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

98933.87

108083.87

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15802.87	29939.67
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	2000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	2000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ➤	15802.87	31939.67

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4833.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	98933.87
25. SUBTOTAL (add Line 23 and Line 24).....	103767.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15802.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	87964.96

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate Joseph Donnelly		Candidate ID Number <div style="border: 1px solid black; padding: 2px;">H4IN02101</div>
Name of Principal Campaign Committee Joe Donnelly For Congress		Committee ID Number <div style="border: 1px solid black; padding: 2px;">C C00393652</div>
Committee Address P.O. Box 1961		
City South Bend	State IN	ZIP 46634
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	<div style="border: 1px solid black; padding: 2px;">78613.87</div>	<div style="border: 1px solid black; padding: 2px;">20000.00</div>
2. Aggregate amount of contributions from personal funds of the candidate	<div style="border: 1px solid black; padding: 2px;">20782.87</div>	<div style="border: 1px solid black; padding: 2px;">0.00</div>
3. Gross receipts minus the candidate's personal contributions	<div style="border: 1px solid black; padding: 2px;">57831.00</div>	<div style="border: 1px solid black; padding: 2px;">20000.00</div>

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Joe Donnelly For Congress

A. Full Name (Last, First, Middle Initial)

Mr. Duane Arndt

Mailing Address P.O. Box 313

City State Zip Code
 Kingsford Heights IN 46346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Joe Donnelly for Congress

Occupation
Field Coordinator

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 5

Transaction ID: C2461

Amount of Each Receipt this Period

1270.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind: Fuel

B. Full Name (Last, First, Middle Initial)

Mr. Kevin Beddor

Mailing Address 1462 Medina Rd.

City State Zip Code
 Long Lake MN 55356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Japs Olson Co.

Occupation
Executive

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 5

Transaction ID: C2448

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

Mrs. Bridgett Black

Mailing Address 582 Wolf Run Rd.

City State Zip Code
 Argyle TX 76226-8426

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Homemaker

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 3 1 / 2 0 0 5

Transaction ID: C2283

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

4270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Joe Donnelly For Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Bridgett Black
Mailing Address 582 Wolf Run Rd.

City State Zip Code
Argyle TX 76226-8426

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Homemaker

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 5

Transaction ID: C2284

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mrs. Clare P. Black
Mailing Address 8550 Weston Ave.

City State Zip Code
Lantana TX 76226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 5

Transaction ID: C2416

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mrs. Clare P. Black
Mailing Address 8550 Weston Ave.

City State Zip Code
Lantana TX 76226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 5

Transaction ID: C2417

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Joe Donnelly For Congress

A. Full Name (Last, First, Middle Initial) Mrs. Katharine M. Black		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 5
Mailing Address 4501 Ironwood Dr.		Transaction ID: C2291
City State Zip Code Flower Mound TX 75028		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation Homemaker	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

B. Full Name (Last, First, Middle Initial) Mrs. Katharine M. Black		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 5
Mailing Address 4501 Ironwood Dr.		Transaction ID: C2292
City State Zip Code Flower Mound TX 75028		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation Homemaker	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

C. Full Name (Last, First, Middle Initial) Mr. Ryan Black		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 5
Mailing Address 582 Wolf Run		Transaction ID: C2312
City State Zip Code Argyle TX 76226		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Joe Donnelly For Congress

A. Full Name (Last, First, Middle Initial)

Mr. Ryan Black

Mailing Address 582 Wolf Run

City State Zip Code
 Argyle TX 76226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 0 / 2 0 0 5

Transaction ID: C2311

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

Mr. Shawn P. Black

Mailing Address 4501 Ironwood Dr.

City State Zip Code
 Flower Mound TX 75028

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
attorney

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 5

Transaction ID: C2290

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

Mr. Shawn P. Black

Mailing Address 4501 Ironwood Dr.

City State Zip Code
 Flower Mound TX 75028

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
attorney

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 5

Transaction ID: C2289

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Joe Donnelly For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Thomas E Black
Mailing Address 132 West Main St

City State Zip Code
Lewisville TX 75057

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation
Attorney

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 5

Transaction ID: C2287

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Thomas E Black
Mailing Address 132 West Main St

City State Zip Code
Lewisville TX 75057

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation
Attorney

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 5

Transaction ID: C2288

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Tom Black, Sr.
Mailing Address 8550 Weston Ln.

City State Zip Code
Lantana TX 76226

FEC ID number of contributing federal political committee.

C

Name of Employer Information Requested

Occupation
Information Requested

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 5

Transaction ID: C2414

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Joe Donnelly For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Tom Black, Sr.
Mailing Address 8550 Weston Ln.

City State Zip Code
Lantana TX 76226

FEC ID number of contributing federal political committee.

C

Name of Employer Information Requested

Occupation Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 2 4 / 2 0 0 5

Transaction ID: C2415

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Richard L. Cederstrom
Mailing Address 18929 Yarorough Trace N

City State Zip Code
Maple Grove MN 55311-1145

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation sales Representative

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 5

Transaction ID: C2449

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ms. Maureen Collins
Mailing Address 51561 Saddle Ridge Ln.

City State Zip Code
Granger IN 46530

FEC ID number of contributing federal political committee.

C

Name of Employer Univ. of Notre Dame

Occupation Senior Administrative Assistant

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 2 4 / 2 0 0 5

Transaction ID: C2342

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Joe Donnelly For Congress

A. Full Name (Last, First, Middle Initial)
Ms. Joanne L Degirolamo
Mailing Address 106 Orchard Ridge Ln

City State Zip Code
Boca Raton FL 33431

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
homemaker

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 5

Transaction ID: C2568

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ms. Joanne L Degirolamo
Mailing Address 106 Orchard Ridge Ln

City State Zip Code
Boca Raton FL 33431

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
homemaker

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 5

Transaction ID: C2569

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Leo E. Ditchcreek
Mailing Address 10189 Shadow Wood Dr.

City State Zip Code
Granger IN 46530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Notre Dame Federal Credit
Union

Occupation
President/CEO

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 5

Transaction ID: C2381

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

4250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Joe Donnelly For Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Jill Elayne Donnelly
Mailing Address 16200 Fox Cross Dr

City State Zip Code
Granger IN 46530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Notre Dame Law School

Occupation
Executive Director

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 5

Transaction ID: C2455

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ms. Joan L. Donnelly
Mailing Address 6240 Clay Hill Court

City State Zip Code
Gainesville VA 20155-6627

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
Retired

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 5

Transaction ID: C2447

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. John J. Donnelly
Mailing Address 10 India Brook Ln.

City State Zip Code
Randolph NJ 07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stewart Superior Co

Occupation
Business Manager

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 5

Transaction ID: C2450

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Joe Donnelly For Congress

A. Full Name (Last, First, Middle Initial) Mr. John J. Donnelly		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 5
Mailing Address 10 India Brook Ln.		Transaction ID: C2451
City Randolph	State NJ	Zip Code 07869
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Stewart Superior Co	Occupation Business Manager	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial) Mrs. Barbara L. Fredman		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 4 / 2 0 0 5
Mailing Address 50622 Country Knolls Dr.		Transaction ID: C2343
City Granger	State IN	Zip Code 46530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer none	Occupation Homemaker	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial) Ms. Barbara Friedman		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 5
Mailing Address 1819 Michigan		Transaction ID: C2444
City La Porte	State IN	Zip Code 46350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Joe Donnelly For Congress

A. Full Name (Last, First, Middle Initial)

Mr. Shaw Friedman

Mailing Address 21 Greenacres

City State Zip Code
 La Porte IN 46350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Friedman & Associates

Occupation
Attorney

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 5

Transaction ID: C2286

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

Mr. Shaw Friedman

Mailing Address 21 Greenacres

City State Zip Code
 La Porte IN 46350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Friedman & Associates

Occupation
Attorney

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 5

Transaction ID: C2440

Amount of Each Receipt this Period

750.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

Mrs. Merna M. Holloway

Mailing Address 203 E. Mishawaka Ave. Suite B

City State Zip Code
 Mishawaka IN 46545

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 0 / 2 0 0 5

Transaction ID: C2318

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Joe Donnelly For Congress

A. Full Name (Last, First, Middle Initial)
Dr. Vidya S. Kora, M.D.
Mailing Address 105 Woodside Dr.

City State Zip Code
Michigan City IN 46360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 5

Transaction ID: C2405

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Thomas A Lento, Jr.
Mailing Address 1301 East Hillsborough Blvd

City State Zip Code
Deerfield Beach FL 33441-4236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Global Graphics

Occupation
Business Manager

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 5

Transaction ID: C2446

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Thomas A Lento, Jr.
Mailing Address 1301 East Hillsborough Blvd

City State Zip Code
Deerfield Beach FL 33441-4236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Global Graphics

Occupation
Business Manager

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 5

Transaction ID: C2445

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Joe Donnelly For Congress

A. Full Name (Last, First, Middle Initial)
Dr. Donald B. Marti
Mailing Address 1614 Oak Park Dr.

City State Zip Code
South Bend IN 46617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 5

Transaction ID: C2380

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Butch Morgan
Mailing Address 1730 Brookmede Dr.

City State Zip Code
South Bend IN 46614

FEC ID number of contributing
federal political committee.

C

Name of Employer
DLZ

Occupation
Manager

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 5

Transaction ID: C2309

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Butch Morgan
Mailing Address 1730 Brookmede Dr.

City State Zip Code
South Bend IN 46614

FEC ID number of contributing
federal political committee.

C

Name of Employer
DLZ

Occupation
Manager

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 5

Transaction ID: C2347

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Joe Donnelly For Congress

A. Full Name (Last, First, Middle Initial)
Mr. William Potts

Mailing Address 6435 Wiscasset Rd

City State Zip Code
Bethesda MD 20816-2114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 5

Transaction ID: C2454

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ms. Judith A. Robert

Mailing Address 1739 Riverside Dr.

City State Zip Code
South Bend IN 46616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert and Kapacinkas In-
c.

Occupation
Psychologist

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 5

Transaction ID: C2427

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. David Taber

Mailing Address 90 Estates Place

City State Zip Code
Mishawaka IN 46545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michiana Hematology-Oncol-
ogy

Occupation
doctor

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 5

Transaction ID: C2378

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Joe Donnelly For Congress

A. Full Name (Last, First, Middle Initial)

Ms. Judith A. Truitt

Mailing Address 16041 Barryknoll Way

City State Zip Code
 Granger IN 46530

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Notre Dame

Occupation
Manager

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 5

Transaction ID: C2442

Amount of Each Receipt this Period

730.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

Mr. Wendell W. Walsh

Mailing Address 17297 Deerfield Loop

City State Zip Code
 Granger IN 46530

FEC ID number of contributing
federal political committee.

C

Name of Employer
May, Oberfell & Lorber

Occupation
Attorney

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 5 / 2 0 0 5

Transaction ID: C2304

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

55850.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 34

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Joe Donnelly For Congress

A. Full Name (Last, First, Middle Initial)
2nd District Democratic Committee

Mailing Address 10088 E. St. Rd. 4

City State Zip Code
Walkerton IN 46574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 2 8 2 0 0 5

Transaction ID: C2390

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 34

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Joe Donnelly For Congress

A. Full Name (Last, First, Middle Initial)
Bodle For Commissioner Committee

Mailing Address 921 S. Wells St.

City State Zip Code
Mishawaka IN 46544

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 5

Transaction ID: C2303

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
IBEW-COPE

Mailing Address 900 Seventh St. NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C

C00027342

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 5

Transaction ID: C2439

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
LaPorte Area Democratic Women's Club

Mailing Address 708 Madison

City State Zip Code
La Porte IN 46350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 5

Transaction ID: C2418

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

5600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Joe Donnelly For Congress

A. Full Name (Last, First, Middle Initial)
Michigan City Women's Democratic Club

Mailing Address 235 Leo St

City State Zip Code
Michigan City IN 46360

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 5

Transaction ID: C2419

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

United Association of Plumbers-PAC

Mailing Address 901 Massachusetts Ave, NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C C00012476

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 5

Transaction ID: C2443

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

United Steelworkers of America

Mailing Address 5 Gateway Center

City State Zip Code
Pittsburgh PA 15222

FEC ID number of contributing
federal political committee.

C C00003590

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 5

Transaction ID: C2420

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

16100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 34

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Joe Donnelly For Congress

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph S. Donnelly

Mailing Address 16200 Foxcross Dr

City

Granger

State

IN

Zip Code

46530

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
self

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

29382.87

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	0	5

Transaction ID: C2467

Amount of Each Receipt this Period

3500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
* In-Kind: Cunningham har-
ris**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph S. Donnelly

Mailing Address 16200 Foxcross Dr

City

Granger

State

IN

Zip Code

46530

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
self

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

29382.87

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	5

Transaction ID: C2457

Amount of Each Receipt this Period

977.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind: washington d c

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph S. Donnelly

Mailing Address 16200 Foxcross Dr

City

Granger

State

IN

Zip Code

46530

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
self

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

29382.87

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	5

Transaction ID: C2458

Amount of Each Receipt this Period

750.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind: Postage

SUBTOTAL of Receipts This Page (optional)

5227.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 34

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Joe Donnelly For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Joseph S. Donnelly
Mailing Address 16200 Foxcross Dr

City State Zip Code
Granger IN 46530

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
self

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

29382.87

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 5

Transaction ID: C2459

Amount of Each Receipt this Period

3878.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind: Printing

B. Full Name (Last, First, Middle Initial)
Mr. Joseph S. Donnelly
Mailing Address 16200 Foxcross Dr

City State Zip Code
Granger IN 46530

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
self

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

29382.87

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 5

Transaction ID: C2460

Amount of Each Receipt this Period

677.87

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind: Phone

SUBTOTAL of Receipts This Page (optional)

4555.87

TOTAL This Period (last page this line number only)

9782.87

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 34

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Joe Donnelly For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Joseph S. Donnelly

Mailing Address 16200 Foxcross Dr

City State Zip Code
 Granger IN 46530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

29382.87

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 5

Transaction ID: C2466

Amount of Each Receipt this Period

11000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

11000.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Joe Donnelly For Congress

A. Full Name (Last, First, Middle Initial) Mr. Duane Arndt		Transaction ID: D699 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 0 5</div> </div>
Mailing Address P.O. Box 313		Amount of Each Disbursement this Period <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kingsford Heights	State IN Zip Code 46346	
Purpose of Disbursement Expense	<div>001</div> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Mr. Duane Arndt		Transaction ID: D698 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 0 5</div> </div>
Mailing Address P.O. Box 313		Amount of Each Disbursement this Period <div>250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kingsford Heights	State IN Zip Code 46346	
Purpose of Disbursement Expenses	<div>001</div> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Mr. Duane Arndt		Transaction ID: D709 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 5</div> </div>
Mailing Address P.O. Box 313		Amount of Each Disbursement this Period <div>1270.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * in-kind received
City Kingsford Heights	State IN Zip Code 46346	
Purpose of Disbursement Fuel	<div>002</div> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>2020.00</div>
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Joe Donnelly For Congress

A. Full Name (Last, First, Middle Initial) Mr. Joseph S. Donnelly		Transaction ID: D717 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 0 5</div> </div>	
Mailing Address 16200 Foxcross Dr			
City Granger	State IN	Zip Code 46530	Amount of Each Disbursement this Period <div> <div></div> <div>3500.00</div> </div>
Purpose of Disbursement Cunningham harris		<div> <div></div> <div>Category/ Type</div> </div>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Mr. Joseph S. Donnelly			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IN District: 02		* in-kind received	
B. Full Name (Last, First, Middle Initial) Mr. Joseph S. Donnelly		Transaction ID: D703 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 5</div> </div>	
Mailing Address 16200 Foxcross Dr			
City Granger	State IN	Zip Code 46530	Amount of Each Disbursement this Period <div> <div></div> <div>977.00</div> </div>
Purpose of Disbursement washington d c		<div> <div></div> <div>Category/ Type</div> </div>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Mr. Joseph S. Donnelly			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IN District: 02		* in-kind received	
C. Full Name (Last, First, Middle Initial) Mr. Joseph S. Donnelly		Transaction ID: D704 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 5</div> </div>	
Mailing Address 16200 Foxcross Dr			
City Granger	State IN	Zip Code 46530	Amount of Each Disbursement this Period <div> <div></div> <div>750.00</div> </div>
Purpose of Disbursement Postage		<div> <div></div> <div>Category/ Type</div> </div>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Mr. Joseph S. Donnelly			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IN District: 02		* in-kind received	
SUBTOTAL of Disbursements This Page (optional)			<div> <div></div> <div>5227.00</div> </div>
TOTAL This Period (last page this line number only)			<div> <div></div> <div></div> </div>

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Joe Donnelly For Congress

A. Full Name (Last, First, Middle Initial) Mr. Joseph S. Donnelly		Transaction ID: D708 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 5</div> </div>	
Mailing Address 16200 Foxcross Dr		Amount of Each Disbursement this Period <div> <div></div> <div>677.87</div> </div>	
City Granger State IN Zip Code 46530	Purpose of Disbursement Phone	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	<input type="checkbox"/>
Candidate Name Mr. Joseph S. Donnelly	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* in-kind received
B. Full Name (Last, First, Middle Initial) Mr. Joseph S. Donnelly		Transaction ID: D712 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 5</div> </div>	
Mailing Address 16200 Foxcross Dr		Amount of Each Disbursement this Period <div> <div></div> <div>3878.00</div> </div>	
City Granger State IN Zip Code 46530	Purpose of Disbursement Printing	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	<input type="checkbox"/>
Candidate Name Mr. Joseph S. Donnelly	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* in-kind received
C. Full Name (Last, First, Middle Initial) Sutter's Mill		Transaction ID: D694 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 7 / 2 0 0 5</div> </div>	
Mailing Address 499 South Capital S. W.		Amount of Each Disbursement this Period <div> <div></div> <div>2000.00</div> </div>	
City Washington State DC Zip Code 20003	Purpose of Disbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	<input type="checkbox"/>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div> <div></div> <div>6555.87</div> </div>	
TOTAL This Period (last page this line number only)		<div> <div></div> <div></div> </div>	

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Donnelly For Congress

A. Sutter's Mill

Full Name (Last, First, Middle Initial)

Mailing Address 499 South Capital S. W.

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D695

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	0	5

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

15802.87

SCHEDULE C (FEC Form 3)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 30 / 34

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Joe Donnelly For Congress

Transaction ID: L9

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Joseph S. Donnelly (Personal Funds)

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 16200 Foxcross Dr

City Granger State IN ZIP Code 46530

Original Amount of Loan

11000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

11000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 6D D
3 0Y Y Y Y
2 0 0 5

20061207

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

11000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 31 / 34

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Joe Donnelly For Congress

Transaction ID: L4

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Joseph S. Donnelly (Personal Funds)

Election:

☐ Primary
☒ General
☐ Other (specify) ▼

Mailing Address 16200 Foxcross Dr

City Granger State IN ZIP Code 46530

Original Amount of Loan

33400.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

33400.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 0D D
1 9Y Y Y Y
2 0 0 4

20071206

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

33400.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 32 / 34

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Joe Donnelly For Congress

Transaction ID: L2

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Joseph S. Donnelly (Personal Funds)

Election:

☐ Primary
☒ General
☐ Other (specify) ▼

Mailing Address 16200 Foxcross Dr

City Granger State IN ZIP Code 46530

Original Amount of Loan

9000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 0D D
1 3Y Y Y Y
2 0 0 4

20071206

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

9000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 33 / 34

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Joe Donnelly For Congress

Transaction ID: L1

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Joseph S. Donnelly (Personal Funds)

Election:

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address 16200 Foxcross Dr

City Granger

State IN

ZIP Code

46530

Original Amount of Loan

60000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

60000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 6D D
3 0Y Y Y Y
2 0 0 4

20071206

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

60000.00

TOTALS This Period (last page in this line only) ▶

113400.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Form/Schedule:**F3A** Amended Quarter 1 2005
Transaction ID: